		CAD										RMS						
									l m		Ω.							
AGENCY	I Am Responding	AVL/GPS from vehicles	Red Alert by Alpine (Fire Dispatch)	In-House Fire Dispatch	PRO QA (EMS)	Live Scan	NITTEC (Traffic)	AMR Ambulance (Zoll Data)	Body cam interface - Bodyworn by Utility	Body cam interface - AXON	Crisis Services incl. Flowchart w/questions	Coast Guard (email)	District Attorney (Discovery)	Black Creek JMS		Court and/ or Stop DWI	TRaCS	
AMHERST FIRE CONTROL	Х																	
AKRON VILLAGE PD						Х												
AMHERST PD DEPARTMENT	Х					Х	Х	Х					Х			Х		
BLASDELL VILLAGE PD						Х							Х			Х		
BRANT						Х							х			Х		
BSC UNIVERSITY PD						Х							Х			Х		
BUFFALO PD DEPARTMENT	Х					Х				Х		х	х			Х		
BUFFALO FIRE	Х																	
CANISIUS COLLEGE	1															Х		
CHEEKTOWAGA PD DEPARTMENT	X			Х	х	х	Х				х					Х		
CENTRAL POLICE SERVICES (Call takers)								$\vdash$			х							
CITY OF TONAWANDA PD	X					Х					х	Х	Х			Х		
DEPEW PD DEPARTMENT	Х					Х							Х			Х		
EAST AURORA / TN AURORA PD	X					Х			$\vdash$				Х			Х		
ERIE COMMUNITY COLLEGE													Х			Х		
ERIE COUNTY SHERIFF'S DEPT	X					Х				х		х	Х	Х		х		
EDEN PD DEPARTMENT	X					Х							X	Ė		Х		
ECMC													Х			Х		
EVANS PD	X						х						Х			Х		
GRAND ISLAND TOWN PD							-					_	Х			Х		
GOWANDA	T												Х			Х		
KENMORE PD	X					х							X			х		
LACKAWANNA PD	X					X				-	-	-	Х			X	-	
LACKAWANNA FIRE	1														-		_	
MERS	X							х									_	
NIAGARA FRONTIER TRANS						Х							Х		Х	х		
NEW YORK STATE POLICE TROOP A																Ė		
ROSWELL PARK								-		-			_				_	
SCPA SERVING ERIE COUNTY												-			_	_	-	
SPRINGVILLE PD						Х							Х			Х		
HAMBURG (TOWN) PD	X		Х		$\neg$	X	Х	Х			х	х	X			Х		
TOWN OF LANCASTER PD	X			Х		X		X			X		x			X		
ORCHARD PARK PD	X		Х	-		X	Х	X					X			X	-	
TOWN OF TONAWANDA PD	X					x	X	X				х	X			X		
University at Buffalo						X					-1		X			X		
VILLAGE OF HAMBURG PD						X							X			X	-	
VILLAGE OF NORTH COLLINS						^			- 5		-		x			X		
WEST SENECA PD	X		х	х	$\dashv$	х	х	х	х			$\dashv$	X	-		X	$\dashv$	
SPRINGVILLE FIRE CONTROL	X					^	^	x	^							^		

DEPT	AGENCY	Sworn Officers	Mobile Units (vehciles)	Dispat	tchers PT	PSAP (P/S)	Dispatc hing Police, Fire, EMS	# Charms installs	# LiveScan scanners	# of Live Scan łocations	CAD	RMS	MOBILES	NYS DCJS	DATA WAREHOUSE	CHAT
AFC	AMHERST FIRE CONTROL		0	13	0	S**	F	1	0	0	***					Х
AKR	AKRON VILLAGE PD	18	2				Р	3	1	1	Х	Х	Х	Х	Х	Х
AMH	AMHERST PD DEPARTMENT	159	25	26	13	Р	Р	100	1	1	Х	Х	Х	Х	Х	Х
AMR	AMR Ambulance Corp						Е									Х
BLA	BLASDELL VILLAGE PD	1	2				Р	4	1	1	Х	х	Х	Х	Х	Х
BPC	NYS OMH BUFFALO PSYCH CTR	16	3				Р	1			Х	х	Х	Х	Х	X
BRN	BRANT	17	5				Р	5	1	1	Х	Х	Х	Х	Х	Х
BSC	BSC UNIVERSITY PD	31	8	2			Р	15	1	1	Х	х	Х	Х	Х	х
BUF	BUFFALO PD DEPARTMENT	850	200	20	3	P*	Р	80	4	1	Х	х	Х	Х	Х	X
BFD	BUFFALO FIRE	600	60	16	0	S	F	20			х	X	Х			$\overline{}$
СВР	US BORDER PATROL		0					0						X	Х	X
ссо	CANISIUS COLLEGE	17	3				Р	3			X	x	х	X	х	х
CHE	CHEEKTOWAGA PD DEPARTMENT	129	25	26	0	Р	P/F/E	100	1	1	Х	Х	Х	X	X	X
CPS	CENTRAL POLICE SERVICES	0	2	36	0	Р	7.7.	30	1	1	Х	X	Х	X	X	X
CSX	CSX RAILROAD		2					0					X	X	Х	X
сто	CITY OF TONAWANDA PD	28	5	5	0	Р	Р	13	1	1	х	х	X	X	X	X
DEA	DEA- DRUG ENFORCEMENT (NYS)		0			·		0				<u> </u>		X	X	Ť
DEC	NYS DEC Region 9		0					0						X	X	
DEP	DEPEW PD DEPARTMENT	30	6	5	1	Р	P/F/E	22	1	1	х	X	x	X	X	Х
DEV	CPS SOFTWARE DEVELOPMENT	0	0				1,1.72	10			X	X	X	X	X	X
DSS	DEPT OF SOCIAL SERV CPS	0	0					2				<u> </u>		<u> </u>	X	<del>  ^</del>
EAU	EAST AURORA / TN AURORA PD	18	5	4	6	Р	P/F/E	6	1	1	х	Х	X	X	X	X
ECC	ERIE COMMUNITY COLLEGE	54	0				P	8	1	1	X	X	X	X	X	x
ECF	ERIE COUNTY CORRECTIONS FAC	77	0				-	2	2	2		X	_	x	X	<del>  ^</del>
ECS	ERIE COUNTY SHERIFF'S DEPT	175	124	19	0	p*	P	75	6	6	Х	X	X	X	x	X
EDA	ERIE COUNTY DISTRICT ATTORNEY	1/3	0	19	-		<u> </u>	0	1	1	^	<u> </u>		X	X	┝
EDN	EDEN PD DEPARTMENT	16	3			_	Р	5	1	1	Х	Х	Х	x	x	X
EMC	ECMC	35	15	-			P	5			X	X	X	x	X	X
EMR	EMERGENCY SERVICES	1 33	5		-			0			^	X	X	X	X	x
EPR	ERIE CO PARK RANGERS	5	3		-		P	3			Х	X	X	<u> </u>	x	X
ESU	EMERGENCY SERVICES UNIT	-	5		_		P	0		-	X		X		_^	X
EVN	EVANS PD	22	16	7	10	Р	P/F/E	13	1	1	X	Х	X	х	х	x
FBI	FBI	- 22	0		10		F/F/L	0	-			_	_		X	┝
FPS	FED PROTECTIVE SERVICE	1	0					0						-	_	$\vdash$
GIF	GRAND ISLAND FIRE DEPT		0	3	12	Р	F	2			***	_		_	X	- V
GIS	GRAND ISLAND TOWN PD	22	4	3	12	_ P	P	-				v	v	V	V	X
GOW	GOWANDA	22	2		_		P	3	1	- 4	X	X	X	X	X	X
ICE	US ICE OFF OF ENFRCMNT & REMOV	-					Р	3	1	1	Х	Х	Х	X	X	X
IMM	IMMIGRATION & NATURALIZATION		0		-			0					-	X	X	X
KEN	KENMORE PD	75			9	P	P	0	1	1			v	X	X	V
LAK		25	6	4				12	1	1	X	X	X	X	X	X
LAN	LACKAWANNA PD		20	6	0 ?	P	P	9	1	1	X	Х	Х	Х	Х	X
MED	LACKAWANNA FIRE		0	_	_	S	F	0			X	v	-			X
MER	MERS		0	15	0	S*	E	5			X	X			-,-	X
NCS	NIAGARA COUNTY SHERIFF		0		-	-		0							Х	Х
NFT	NIAGARA FRONTIER TRANS	85	30				Р	45			Х	X	Х	X	Х	X
NHN	NYS DEPT OF HEALTH NARCOTICS		0					0						X	X	<u> </u>
NIA	NYS PARK POLICE NIAGARA		0					0						Х	Х	X
VICE	NITTEC		0					0								X
NSR	NORFOLK-SOUTHERN RAILROAD		2					0						Х	Х	Х
NTN	NORTH TONAWANDA PD		0					0							Х	X
VYA	NEW YORK STATE POLICE TROOP A		45				Р	20			Х	Χ	Х	Х	Х	Х
NYH	NEW YORK STATE POLICE TROOP H		0					0						Х	Х	Х
TYV	NEW YORK STATE POLICE TROOP T		0					0					Х	Х	Х	Х
DAG	NYS OFFICE OF ATTY GENERAL		0					0							Х	

DEPT	AGENCY	Sworn Officers	Mobile Units (vehciles)	Dispat FT		PSAP (P/S)	Dispatc hing Police, Fire, EMS	# Charms installs	# LiveScan	# of Live Scan locations	CAD	RMS	MOBILES	NYS DCIS	DATA WAREHOUSE	CHAT
PRB	ERIE COUNTY PROBATION		0					0			Х			Х	Х	
PRT	PRE-TRIAL SERV		0					0							Х	
RPI	ROSWELL PARK INSTITUTE		0				Р	0			Х	Х	Х	Х	Х	Х
SCP	SCPA SERVING ERIE COUNTY	5	2					0						Х	Х	Х
SHC	ERIE COUNTY SHERRIF HOLDING CE		0					6			Х	Х		Х	Х	Х
SPR	SPRINGVILLE PD	12	2				Р	3			Х	Х	Х	Х	Х	Х
TAX	NYS DEPT OF TAX & FINANCE		0					0			Х	Х	Х	Х	Х	Х
THM	HAMBURG (TOWN) PD	63	17	16	3	Р	P/F/E	34	1	1					Х	
TLN	TOWN OF LANCASTER PD	51	22	11	0	Р	P/F/E	20	1	1	Х	Х	Х	Х	х	Х
TCA	TWIN CITY AMBULANCE															Х
TOP	ORCHARD PARK PD	35	19	10	4	Р	P/F/E	20	1	1	Х	Х	Х	Х	х	Х
πо	TOWN OF TONAWANDA PD	99	15	17	19	Р	P/F/E	70	1	1	Х	Х	Х	Х	Х	Х
UCS	UNIFIED COURT SYSTEM		0				Р	2			Х	Х	Х	Х	Х	Х
UNY	NYS University at Bflo	59	20				Р	35	1	1	Х	Х	Х	Х	Х	Х
USA	US ATTORNEY'S OFC Western Dist		0					0							Х	
USC	US CUSTOMS PEACE BRIDGE		0					0						Х	Х	Х
USG	US COAST GUARD		0					0						х	Х	
USH	US ICE HSI-SAC 130 Delaware Av		0					0							Х	
USM	US MARSHALLS		0					0							Х	
USS	US Secret Service		0					0							Х	
USP	US Probation & PreTrial Serv		0					0							Х	
VHM	VILLAGE OF HAMBURG PD	13	6				Р	8	1	1	Х	Х	Х	Х	Х	Х
VNC	VILLAGE OF NORTH COLLINS	8	2				Р	2			Х	Х	Х	Х	х	Х
WSE	WEST SENECA PD	66	15	8	10	Р	P/F/E	55	1	1	Х	Х	Х	Х	Х	Х
SPF	SPRINGVILLE FIRE CONTROL		0	8	5	S	F	2			Х					х
	Totals	2764	753	277	95			882	36	33	46	42	42	55	69	59

372

Volunteer Fire Depts	94
Paid Fire Depts	3
- Buffalo	
-Lackawanna	
-City of Tonawanda (doesn't use our system)	

\* co-located at Central Police Services

\*\* co-located at Amherst PD

\*\*\* Use another CAD

RMS users -> approximately Mobile users -> approximate	•	
Police Reports 2022		87,155
PR's 2021		83,958
PR's 2020		77,435
PR's 2019		90,274
	AVERAGE:	84,706

Ment	al Health - Crisis Intervention Repo	ort
Incident Information:  Date: 11/29/2022 10:18:46 AM Incident #: 22-3330264	Reporting Officer: VID W - 168274 District: 'D' District	CIT-trained? ⊠Yes
Subject's Name: BUFFALO		0/31/1995 <b>Age:</b> 27
Call Received From:  Subject Spouse/Partner Friend Business Medical Provider Unknown Other:  Call Type:  Patrol Requested Primary Car Follow Up Self-Initiated Other:	Race/Ethnicity:  American Indian/Alaska Native Asian Black/African American Native Hawaiian/Pacific Islander Caucasian Latino/Hispanic Other:	Gender:  Male Female Other:  Special Considerations:  Veteran Homeless  Previous Interactions:  Yes, # of times:  No
Nature of Incident:  Suicide Attempt Threat Mental Health Crisis Trespassing Intoxication Other Drug Offense Disturbance Assault	Actions and Behaviors Observed:  Places Self in Danger Talk of Hurting/Killing Others Attempting to Hurt/Kill Self Threat/Use of Weapon to Harm Verbal Threats Refusal to Respond Talking to Self Impaired Speech Hearing Voices Irrational Speech/Thoughts Hostile/Argumentative/Beligerant/Loud Inflated Self Importance Focused on Single Subject Paranoia/Suspiciousness	
Violent Towards: ☑ Self ☐ Others	Weapons:  Weapons Present  Weapons Involved:  Knife  Tother:	⊠ None

		The state of the s
Injuries Pre-CIT Intervention:	Injuries Post-CIT Intervention:	Drug/Substance Use:
To Victim	☐ To Victim	Alcohol
By Self	By Self	Heroin
By Officer	By Officer	│
To Other	☐ To Other	Methamphetamine
By Victim	By Victim	Prescribed Meds
By Officer	By Officer	
By Other:	By Other:	None
		_
☐To Officer		Other:
	To Officer	
By Victim	By Victim	
By Other:	By Other:	
	-	
Use of Force:	Montal Houlth Lists	Brown (1)
None	Mental Health History:	Disposition:
<b>-</b>	Alcohol/Substance Abuse	MHL 9.41
By Officer	Past CIT Involvement	Voluntary Transfer to ECMC
Lethal	Inpatient Treatment	Diversion Center
Non-Lethal	Outpatient Treatment	***
By Victim	Suicide Threat/Attempt	Criminal Offense
Lethal	Current Mental Health Treatment	Arrested
Non-Lethal	Last Doctor's Name & Agency	Felony
		Misdemeanor
		☐ Notified Someone
		☐ No Action Possible
		☐ Information/Referral
	Narrative	
Patroled requested. APS was on location to investig	Tate a complaint	ADC selled sets DUT
that and previously reported a second	ut could not provide any details other than it happe	APS called patrol. BHT was informed as not been sleep. Staff reports that
med compliant and has been decompling for 2 mon	ins now. Staff states Jenna has been to CPEP a cour	ple times in the past month but she is disacharged
tell her to kill hersell. BHT transported to CPEP for the	nts to kill herself and has attempted to cut herself so	she can bleed out. Jenna states she hears voices (#
to the norself. Diff Banaported to CPEP 1011	urther eval. Patrol did incident report for the	aware.
		И
		11
		11

## REQUEST FOR EXAMINATION OF PERSON UNDER SECTION 22.09 OF THE NYS MENTAL HYGIENE LAW

POLICE AGENCY/DISTRICT:					
COMPLAINT#:			WEAPONS CHE		
			Searched?	☐ Yes [	<del>-</del>
INCIDENTLOCATION:			Found?  If found, disposi		
DATE:TIME OF			ir iouna, aisposi	tion:	
AMB. CO.:	AMB:#:				
HOSPITAL TRANSPORTED TO:					
Name (L, F, MI)		DOB		AGE	SEX
Address (Number, Street, City, State, Zip)	71.00				
Has this individual served in the military/o					
Suspected/known use of:   ☐ Alcohol ☐ Opiates (cocaine; heroin; pa	ain meds) 🗍 Sedatives (valium;	xanax) [	☐ Other/unknov	vn:	
Any known mental health history and/or of Reporter of Information:   Self Other: What behaviors or actions Indicate that the	diagnosis:				
☐ Placing self in dangerous situation(s)					
☐ Unable to care for self ☐ Other:	Attempt to hurt/kill:				
Additional information supporting the nee	ed to enact 22.09, If any:				
Check observed and/or reported behavior	re ar actions that indicate that th		Check here if con		e is attached.
Signs of intoxication		ie ilidivid	Signs of wi		
☐ Smell of alcohol       ☐ La         ☐ Sturred speech       ☐ Co         ☐ Staggering gait       ☐ Di         ☐ Incontinence       ☐ Se         ☐ Flushed face       ☐ Di	ack of inhibitions and/or judgment omplains of itching or scratching rowsy edated rooling rolling rratic/irrational behavior and/or speec	h [	Clammy skin I rritability Enlarged pupils Sweating Seizures Confusion Hallucinations Depression	☐ Restles ☐ Dilated ☐ Goose ☐ Yawnin ☐ Cramp ☐ Hand/t ☐ Muscle	I pupils flesh g/fatigue s pody tremors
Has a criminal charge been placed? ☐ Yes Appearance ticked issued? ☐ Yes ☐ No Officer's Name (please print):	☐ No If yes, charges: Order of protection in forc	e? ☐ Yes	s □ No Date:		
	☐ Medical Admission	☐ Psych	om (check appr iatric Admission t absconded Date:_	opriate bo	x)

## REQUEST FOR EXAMINATION OF PERSON UNDER SECTION 9.41 OF THE NYS MENTAL HYGIENE LAW **Erie County Medical Center - CPEP** POLICE AGENCY/DISTRICT: 462 Grider Street, Buffalo, NY 14215 COMPLAINT #: \_\_\_ ☐ To: Lakeshore Health Care Center 845 Routes 5 & 20, Irving, NY 14081 INCIDENT LOCATION: DATE: \_\_\_\_\_TIME OF TRANSPORT: \_\_\_\_ is responding officer CIT-trained? Yes Does individual have active CIT Crisis Plan? Yes AMB #: \_\_\_ Name (L, F, MI) Address (Number, Street, City, State, Zip) Has this individual served in the military/reserves? Yes No Unknown Known mental health history and/or diagnosis: What was reported to the police about this individual? Name source of information: \_ \_\_\_Relationship to individual: \_\_\_\_\_\_Phone: \_\_\_\_\_ Any known linkages to treatment/significant others: \_\_\_\_ Justification for transport - describe any known history of violence to self or others, current violent behavior, and harmful or neglectful behavior to self or others, including documentation of any plans, means, and access for suicide/harm to others: Check here if a continuation page is attached. What behaviors or actions indicate that the individual might be a danger to self/others? Places self in dangerous situations ☐ Talk of hurting/killing ☐ self ☐ others **WEAPONS CHECK PRIOR TO TRANSPORT** Unable to care for self Attempting to hurt/kill self others Searched? Yes No ☐ Threat/use of weapon to harm self/others ☐ Plan/means/access available Found? Yes ☐ No Verbal threats Physical threats if found, disposition:\_\_\_\_ Other: Weapon(s) present (describe) What behaviors or actions indicate that the individual might be a danger to self/others? Verbal and Behavloral 0 R Appearance and Behavior Refusal to respond to question ПП Paranola/suspiclousness/feelings of persecution $\cap$ $\cap$ Talking to self Dress indicates lack of awareness of weather/setting Impaired speech (slurred, slow, illogical/incoherent, fast) Confused/disoriented ПΠ Reported hearing voices Sad expression/crying/depression Irrational speech/thoughts Presence of feces or urine Hostile/argumentative/belligerent/loud/yelling Exhibits extraordinary physical strength Expresses ideas of inflated self-importance Extremely rapid heart rate/respiration $\Box$ Talks repeatedly about a single subject (death, religion Poor hygiene/living environment illness, government, etc.) Under the influence Hyperactivity/psychomotor agitation Appearance ticket issued? ☐ Yes ☐ No Order of protection in force? ☐ Yes ☐ No Officer's Name (please print): \_\_\_ HOSPITAL DISPOSITION: To be completed by Examining Physician/Emergency Room (check appropriate boxes). Patient admitted to this facility Medical admission Psychiatric admission Patient transferred to another facility Patient not admitted Patient absconded Staff Signature: \_ Date: Time \_\_